

Kentucky Board of Chiropractic Examiners
P.O. Box 183
Glasgow, KY 42142-0183
Phone: (270) 651-2522
Fax: (270) 651-8784

ADDRESS / NAME CHANGE FORM

• Consistent with Kentucky law, business addresses of licensees are made available to the public.

1. OLD Name or Mailing Address

Please clearly print all requested information below.

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ Social Security Number	_____ License Number		
_____ OLD Address	_____ City	_____ State	_____ Zip Code
(_____)_____ Phone Number	(_____)_____ Fax Number	_____ Email	

2. NEW Name or Mailing Address

(NOTE: You may NOT use this form to request a change of BUSINESS name. A copy of any of the following documentation must accompany a name change request: Marriage license, birth certificate, immigration records, divorce decree, court order, or passport. DO NOT SEND ORIGINALS.)

_____ Last Name	_____ First Name	_____ Middle Name or Initial	
_____ Social Security Number	_____ License Number		
_____ NEW Address	_____ City	_____ State	_____ Zip Code
(_____)_____ Phone Number	(_____)_____ Fax Number	_____ Email	

This address is my: [] HOME [] BUSINESS

3. Deliver, mail or fax this completed form to the ADDRESS ABOVE.